

I.

FREDERICK COUNTY GOVERNMENT

DIVISION OF CITIZENS SERVICES

Office for Children & Families

Monica Grant, Director Leslie Barnes, Director

Frederick County Local Care Team

Frederick County Local Care Team Team The standard of the Local Manufacture of the Local Manu

Authorization for the Release of Information

being parent/legal guardian of

- 1	,	J J
of the Local Care Team (LCT) of Frederic written and verbal for coordination of serv	k County, MD to obtain or	
I authorize the following information to be case management services as well as info services.	•	
This authorizes the LCT to the release, gasto provide the services required. This aut calendar year from the date of my signatu writing at any time, except to the extent to	horization will remain in efure. I understand that I may	fect for a period of one (1) revoke this authorization, <i>in</i>
Participant Signature:		Date:
Witness Signature:		Date:

Department of Juvenile Services (DJS) - Department of Social Services (DSS) - Developmental Disabilities Administration (DDA) - Behavioral Health Division of the Frederick County Health Department - Office for Children and Families (OCF)/Local Management Board (LMB) - Frederick County Public Schools (FCPS) - Lead 4 Life - Maryland Coalition of Families (MCF) - Mental Health Management Agency (MHMA)/Community Service Agency (CSA) - Potomac Case Management - Mental Health Association/Systems Navigation - Way Station - Division of Rehabilitation Services (DORS)